

17 November 1963

MEMORANDUM FOR THE RECORD

SUBJECT: Report of Physicians' Panel to the Medical Career Service

Introduction

- 25X1A9a 1. At the 16 October 1963 Medical Staff Career Program Meeting, C/MS appointed Dr. [REDACTED] and the undersigned as Chairman of a panel to "consider the possibility of change or to make reaffirmation, as the case may be" in Medical Staff Career Service programming pertinent to physicians. C/MS pointed out that consideration of career pattern alterations may have been generated by certain events, such as (a) the addition of the A&E Staff to the Medical Staff, (b) the growth and development of Medical Career competence in the DD/S&T, (c) the acquisition of a physician staff capability independent of other Governmental services, and (d) the Mid-Career Development Program.
2. In the first of a series of panel meetings, the Chairman, in collaboration with other members, agreed upon the following as sequential entities for deliberation:
- a. Recruitment
 - b. Selection
 - c. Type of Affiliation
 - d. DD Grade Level
 - e. Initial Career Programming
 - f. Pre-Assignment Training and Indoctrination
 - g. Assignment
 - h. Rotation
 - i. Progression
 - j. Performance Evaluation
 - k. Training
 - l. Selection Out
 - m. Retirement
3. The four Panel Members were in basic agreement. However, different viewpoints relevant to considerations of career programming were raised by some members of the Panel. These may be summarized as follows:

- 25X1A9a a. Dr. [REDACTED] felt that the Panel would have benefited from a review of certain portions of an earlier study of the same subject in which they participated with Dr. [REDACTED] on 16 September 1962. Dr. [REDACTED] and the undersigned were not familiar with the substance of this previous report.
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b. Dr. [REDACTED] stated that one of the problems in career programming was the grade/monetary ceiling for the physicians in the Civil Service system.

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c. Dr. [REDACTED] asserted that in general he would have serious misgivings about a psychiatrist applicant who initially expressed desire for a career. In a subsequent discussion with the Chairman, Dr. [REDACTED] amended this to include all physician applicants.

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Conclusions and Recommendations

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1. Recruitment: The Panel considers recruitment mechanisms in effect over the past several years to have been satisfactory and productive. Dr. [REDACTED] felt that more effort should be directed to attracting physicians with a greater degree of post-graduate education.

2. Selection: The Panel favors continuation of sequential interviewing by senior members of the Medical Staff, but recommends that these interviewers meet in group sessions with Chief, Medical Staff prior to his evaluation of the candidate. It is felt that the cross-exchange of views and information would be constructive. The Panel further recommends that applicants' wives should be interviewed including a session in a social setting.

3. Type of Affiliation: The Panel believes that C/MS should retain flexibility of choice as to the administrative mode of affiliation. It is believed, however, that a career reserve capacity rather than a contractual agreement would be more beneficial to the new affiliate and the Medical Staff. Under such arrangements, the affiliate would be credited with Civil Service Retirement time as well as Federal Employees Government Life Insurance and Health Insurance which are denied contract personnel. As has been practiced in the past, deserving affiliates should be awarded the option of conversion to staff employee status after 18 months of a demonstrable potential.

4. BOD Grade Level: The Panel feels that the current GS-13 equivalent is appropriate, but that higher initial grade for more experienced categories should be authorized.

5. Initial Career Programming: The Panel recognizes as an ideal objective a 5-year forecast of training and assignment at the time of BOD. At the same time, the Panel is cognizant of the inherent obstacles in prognosticating with such exactitude in the light of changing requirements as well as undefined intentions on the part of the affiliate. As the Agency matures, and as the Medical Staff's programs assume more permanent structure, this ideal may be approached.

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6. Pre-Assignment Training and Indoctrination: The Panel feels that this phase has been accomplished as effectively as possible within the limits of stringent time requirements placed upon the Agency.

7. Assignment: The Panel finds no basis for advising changes in the system of initial assignment, acknowledging that this is a command decision.

8. Rotation: The Panel believes that rotation is a healthy and vitalizing procedure, but that it should not be followed purely for the sake of arbitrary schedules and mobility. A broadening of interdisciplinary interests is desirable, particularly with recent extensions of physicians' services to the DD/S&A.

9. Progression: The Panel feels that progression in terms of grade and responsibility is a normal element of an individual's career growth. At the same time, it recognizes that the Civil Service structure under which the Agency operates imposes certain inevitable ceilings upon salary, and that a physician entering the service at GS-13 could hardly aspire to a higher ultimate grade than that of GS-18 after many years of highly competitive duty. The Panel is also aware that the definition of responsibility and satisfaction varies from one individual to the other, having no geographic nor organizational bounds. In substance, the Panel recommends that progression remain a matter of command decision.

10. Performance Evaluation: The Panel recommends that all physicians serving under other than a physician superior be periodically evaluated within the Medical Staff by senior physicians. For field Medical Officers this has been intermittently accomplished on an informal basis, but it is believed that a more uniform system should be developed to assure professional rating by professional superiors.

11. Training: Training during an individual's career should reflect an individual's interest in accordance with the Medical Staff's requirements.

12. Collection Out: (Following a considerable discussion, Dr. [redacted] agreed to delete this entry as a fitting item for this particular paper.)

13. Retirement: The Panel recognizes that if the Medical Staff is to survive, there must be provisions for younger members to ultimately assume the most senior positions. In order to make room for new blood

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at the upper echelons, and to simultaneously provide for fitting reward of the older replaced blood, the Panel recommends that key Medical Staff physicians be identified as being eligible under the terms of the Early Retirement Legislation currently before the Congress.

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Chairman

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Chief, Operations Division

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Chief, Psychiatric Staff

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